

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**PROFESSIONAL LAND SURVEYOR**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as a professional land surveyor, complete each of the following in addition to submitting a completed application:**

1. Submit official transcript(s) or other appropriate records documenting completion of an approved land surveying program.
2. Submit a "Verification of Experience" form (*attached to this application*) documenting your qualifying experience.
3. For those who have taken and passed the NCEES tests in Utah, submit copies of the score report from the Engineering and Land Surveying Examination Services (ELSES) documenting your passing score(s) on the NCEES FS and the NCEES PS examinations.
4. For those who have taken and passed the NCEES tests in states other than Utah, submit a

“Request for Verification of License Examination” form (*attached to this application*) or you may use the form provided by the state board providing the verification. The verification is to include the following:

- ☐ Licensure status (if obtained), including the original and expiration date of licensure
- ☐ Passing scores on the NCEES FS and the NCEES PS examinations

Request that the verifying state complete the form and return the form to you to be submitted with your application. If a state refuses to return the form directly to you, the form may be mailed or faxed to DOPL.

5. Submit an original letter from DOPL’s approved examination provider verifying your passing score on the Utah Professional Land Surveyor examination. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
6. Submit a **\$110.00** non-refundable application-processing fee, made payable to “DOPL.”

**If you are applying for reinstatement of your professional land surveyor license, complete each of the following in addition to submitting the information required above:**

1. Submit documentation of 24 hours of continuing education completed within the two years immediately prior to submitting your application for reinstatement of licensure.  
**OR**

If you failed to timely complete the required hours of continuing education prior to the expiration of your license, submit documentation of having completed double the number of hours missed. These hours must be completed immediately prior to the submission of this application for reinstatement of licensure.

2. A license can be reinstated if it has been expired less than two years. To reinstate a license submit an application for renewal/reinstatement and pay the necessary fees. The required fees include both a renewal fee of \$73 and a reinstatement fee. For licenses expired within 30 days, the reinstatement fee is \$20. The reinstatement fee for licenses expired longer than thirty days but within two years of expiration is \$50. For an example if a license has been expired longer than 30 days but within two years, you would need to submit a reinstatement fee of \$50 along with a renewal fee of \$73 for a total of \$123. *Keep in mind*, these fees are nonrefundable. Check or money orders are to be made payable to DOPL. Do not enclose cash with your application.
3. A license expired longer than two years requires a new application for licensure and an application fee of \$110 (nonrefundable application-processing fee).

## ADDITIONAL IMPORTANT INFORMATION:

1. **Comity or Interstate Licensing:** Each state has authority or jurisdiction over professional land surveyors working in that state. The applicant is responsible for knowing the licensing qualifications and laws that apply to the profession for each state in which he/she expects to provide land surveying services.
2. **Utah Local Land Surveyor Examination:** All applicants for licensure must pass the Utah Professional Land Surveyor examination. Applicants in order to register for the examination must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or (800) 733-9267 to register for the examination.
3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the different testing agencies.

The following laws and rules are also available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov) :

- ☐ Division of Occupational and Professional Licensing Act
  - ☐ General Rules of the Division of Occupational and Professional Licensing
  - ☐ Professional Engineers and Professional Land Surveyors Licensing Act
  - ☐ Professional Engineers and Professional Land Surveyors Licensing Act Rules
4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  5. **Requirements to take the NCEES FS Examination:** Apply directly to ELSSES to register for and pay the fee to take the NCEES FS examination. Utah is a direct registration state. Refer to [www.els-examreg.org/utah.php](http://www.els-examreg.org/utah.php) for detailed examination registration information.
  6. **Requirements to take the NCEES PS Examination:** You must be pre-authorized by ELSSES in order to take the PS Examination. To apply for pre-authorization, apply at [www.els-examreg.org/utah.php](http://www.els-examreg.org/utah.php) . Upon receiving the letter of authorization from ELSSES, you must register with ELSSES to sit for the NCEES PS Examination.
  7. **Exam Schedules:** NCEES examinations are given in April and October of each year. Refer to the ELSSES website at [www.els-examreg.org/utah.php](http://www.els-examreg.org/utah.php) for all examination registration deadlines and examination dates.

**Note:** Persons retaking the exam must contact ELSSES directly to register for the exam. Utah is a direct registration state. You DO NOT need to contact DOPL to retake the exam.

8. **Examination study guides:** To obtain NCEES examination study guides, contact NCEES at [www.ncees.org](http://www.ncees.org) or (864) 654-6824, (800) 250-3196. PSI is the testing provider for the Utah Professional Land Surveyor examination. PSI can be contacted for a candidate information bulletin or testing information at [www.psiexams.com](http://www.psiexams.com) or (800) 733-9267.
9. **Education Requirement:** In order to complete the education requirements you must have an associate's, bachelor's, or master's degree in land surveying from an institution approved by the Utah State Board of Regents.  
**OR**  
an approved bachelor's or master's degree and completion of a minimum of 30 semester hours or 42 quarter hours in land surveying (see application and R156-22-30b(2) of the Professional Engineers and Professional Land Surveyor Licensing Act Rule).
10. **NCEES Council Record:** If you are currently licensed, DOPL will accept the NCEES Council Record to document education, passing scores on the NCEES FS and PS examinations, verification(s) of licensure, and experience. To obtain an NCEES Council Record, contact NCEES at (864) 654-6824, (800) 250-3196, or [www.ncees.org](http://www.ncees.org).
11. **Transcripts:** DOPL will accept the original official transcripts released to the applicant. Internet transcripts and copies are not accepted. Include the transcripts with the application. Do not send the transcripts separately.
12. **Qualifying Experience:** Your qualifying experience must be verified by one or more licensed land surveyors who supervised your work and at least one additional licensed land surveyor – other than your supervisor – who has personal knowledge of your work experience. Request the licensed land surveyor verifying your experience to return the “Verification of Experience” form to you for submission with your license application. Four years of full time or equivalent part time qualifying supervised work experience may be obtained before, during or after completing the education requirements for licensure.  
  
**IMPORTANT NOTE:** The Verification of Experience form will not be accepted without the stamp/seal of the verifying professional land surveyor and original signature and date of the verifying professional land surveyor written across the face of the seal. The form must also be in a sealed envelope with the supervisor's professional land surveyor's seal stamped across the flap of the envelope.
13. **Seal Design:** The specifications for the seal are found in R156-22-601 of the Professional Engineers and Professional Land Surveyors Licensing Act Rules.
14. **License Number:** For official records, correspondence and use of the seal, you may use the first 6 or 7 digits of the license number located on your license.
15. **Temporary licenses** are not issued.

16. **License Renewal:** All professional land surveyor licenses expire on March 31 of each odd-numbered year. Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

Please also note that a cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

17. **Continuing education:** Each licensed professional land surveyor must complete a minimum of 24 hours of continuing education in each two-year cycle, ending March 31 of each odd-numbered year.
18. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
19. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
20. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov)
21. **Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

22.     **Telephone Numbers:**           (801) 530-6628  
  (866) 275-3675 – toll-free in Utah
23.     **Fax Number:**                 (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

License Applying For: PROFESSIONAL LAND SURVEYOR

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

### **AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a professional land surveyor in the state of Utah, and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **LICENSES HELD IN UTAH AND/OR OTHER STATES:**

Name on License: \_\_\_\_\_

License Number: \_\_\_\_\_

State/Municipality Issuing: \_\_\_\_\_

Address for Issuing Agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) for Issuing Agency: \_\_\_\_\_

License Classification: \_\_\_\_\_

Issue Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name on License:** \_\_\_\_\_

License Number: \_\_\_\_\_

State/Municipality Issuing: \_\_\_\_\_

Address for Issuing Agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) for Issuing Agency: \_\_\_\_\_

License Classification: \_\_\_\_\_

Issue Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If additional pages are needed, copy this page.)*



**EDUCATION/EXPERIENCE: Indicate what track you completed.** (Answer “yes” or “no.”)

\_\_\_\_\_ I completed an associate’s, bachelor’s or master’s degree in land surveying from an approved college or university. If “yes,” include your transcripts.

\_\_\_\_\_ I completed a bachelor’s or master’s degree and completed a minimum of 30-semester hours or 42-quarter hours in the following course work areas noted below. If “yes,” include your transcripts and complete this section. If there is any question as to the relevance of the courses completed, you may be asked to submit course descriptions along with additional information.

**At least one course in each of the following six content areas must be completed:**

**Boundary Law:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Writing Legal Descriptions:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Photogrammetry:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Public Land Survey System:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Studies in Land Records or Land Record Systems:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Surveying Field Techniques:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**The remainder of the 30 semester hours or 42 quarter hours may be made up of successful completion of courses from the following content areas:**

**Algebra, Calculus, Geometry, Statistics, Trigonometry**, not to exceed “six” semester hours or “eight” quarter hours:

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

*(Continued next page)*

**Control Systems:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Drafting**, not to exceed “six” semester hours or “eight” quarter hours:

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Geodesy:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Geographic Information Systems:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Global Positioning Systems:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Land Development:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**Survey Instrumentation:**

Course Number: \_\_\_\_\_ Semester / Quarter Hours: \_\_\_\_\_

**TOTAL HOURS:**

**SEMESTER:** \_\_\_\_\_

**QUARTER:** \_\_\_\_\_

# PROFESSIONAL LAND SURVEYOR QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

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12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## VERIFICATION OF EXPERIENCE FORM

*(For Professional Land Surveyor Applicants Only)*

### PART I: TO BE COMPLETED BY APPLICANT:

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

*Qualifying experience requirements:* Four years or equivalent part time qualifying supervised work experience may be obtained before, during or after completing the education requirements for licensure. The four years supervised work experience is to be divided as two years, with at least 4,160 hours, in the field and two years, with at least 4,160 hours, in the office in the work areas noted below. The Division prior to approving an application may, outside of this affidavit, require the applicant to provide additional documentation. Also, **an affidavit must be filled out for each employer.**

<b>Field surveying work experience, except for the <i>other</i> category, is required in each of the following areas:</b>	<b>Completed Hours</b>
Operation of various instrumentation;	
Review and understanding of plan and plat data;	
Public land survey system;	
Calculations;	
Transverse;	
Staking procedures;	
Field notes and manipulation of various forms of data encountered in horizontal and vertical studies;	
<i>Other</i> (specify);	
Total Field Hours	
<b>Office surveying work experience, except for the <i>other</i> category, is required in each of the following areas:</b>	<b>Completed Hours</b>
Drafting (includes computer plots and layout);	
Reduction of notes and field survey data;	
Research of public records;	
Preparation and evaluation of legal descriptions;	
Preparation of survey related drawings, plats and record of survey maps;	
<i>Other</i> (specify);	
Total Office Hours;	
Combined Field and Office <b>Total Hours:</b>	

*(Continued next page)*

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked per week: \_\_\_\_\_

*NOTE: If the experience is less than full time, calculate the number of months equivalent to full time employment at a rate of 40 hours per week.*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Verifying Experience: \_\_\_\_\_

Job Title: \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE PROFESSIONAL LAND SURVEYOR  
VERIFYING THE APPLICANT'S EXPERIENCE:**

Review the description of the applicant's duties as provided by the applicant. Complete the information requested in PART II and return the completed forms (PART I and PART II) to the applicant for submission with his/her license application.

1. Is the applicant's description of his/her experience correct? ☐ Yes ☐ No

2. Has the applicant been an owner/principle of this land surveying firm? ☐ Yes ☐ No

If yes, for how long? : \_\_\_\_\_

3. Did you supervise the applicant? ☐ Yes ☐ No, If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the basis of your knowledge of the applicant's knowledge, ability, and competence to practice? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Would you recommend the applicant be licensed as a professional land surveyor?

☐ Yes ☐ No If no, please explain. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Printed Name of Verifying Land Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Land Surveyor License Number: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information contained in this document is true, complete and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.

Signature of Verifying Licensed Professional Land Surveyor:

\_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Seal Imprint of Stamp)*

***NOTE: This form will not be accepted without the stamp/seal of the verifying professional land surveyor and original signature and date of the verifying professional land surveyor written across the face of the seal.***

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## REQUEST FOR VERIFICATION OF LICENSE EXAMINATION- PLS

(Use this form to verify licensure NCEES examination(s) from another state, if applicable.)

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. *If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.*

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a Professional Land Surveyor

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State/Agency: \_\_\_\_\_

(Continued next page.)

Name of Licensee: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

☐ Yes ☐ No, please explain: \_\_\_\_\_

Examination Pass Record:

NCEES - FS examination: Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_ Exam Score \_\_\_\_\_

NCEES - PS examination: Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_ Exam Score \_\_\_\_\_

Other Exam: \_\_\_\_\_ Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_ Exam Score \_\_\_\_\_

Disciplinary Action: ☐ No ☐ Yes, please provide copies of all Petitions, Orders, etc.

Name of State/Board Official: \_\_\_\_\_

Signature of State/Board Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(Seal Imprint of Stamp)